

S 43776

NAME OF SELLER (LAST) _____ (FIRST) _____ (M)

DATE PURCHASED _____ DATE SOLD _____

ADDRESS OF SELLER _____

DEALER MUST BE PHYSICALLY PRESENTED DRIVER'S LICENSE OR DPS IDENTIFICATION CARD

TIME PURCHASED _____ TIME SOLD _____

IDENTIFICATION #	STATE	D.O.B.	WEIGHT	HEIGHT	SEX	RACE	TRANSACTION #	COST
1								
2								

DEALER'S NAME _____

ADDRESS _____

TELEPHONE # _____

DEALER'S REP. SIGNATURE _____

PURCHASER'S NAME _____

ADDRESS _____

DEALER'S NAME _____

COMPLETE DESCRIPTION OF PURCHASED GOODS INCLUDING SERIAL NUMBERS & IDENTIFYING MARKS & SYMBOLS:

FOR THE PURCHASE PRICE SET ABOVE, THE UNDERSIGNED SELLER, WARRANTING GOOD TITLE, THAT TRANSFER THEREOF IS RIGHTFUL AND THAT SUCH GOODS ARE FREE FROM ANY SECURITY INTEREST, OTHER LIEN, OR ENCUMBRANCE. I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE.

SIGNATURE OF SELLER _____

PD0109B

JUVENILE ARREST CARD

Williamson County
 Travis County

IS THE IDENTITY OF YOUR PRISONER IN QUESTION? Y N

DO YOU HAVE A POSITIVE ID AVAILABLE? Y N

NAME (Last, First, Middle)							TRN	
AKA / Maiden Name / Nickname							JID	
Sex	Race	Eth	Height	Weight	DOB	Place of Birth	Citz	DPS #
Hair	Eyes	Skin Tone Complexion		Build		FBI #		
Address			City	State	Zip	Phone #		SS #
Mailing Address (if different than St. Add.)				City	State	Zip		DL
School				Grade	Location (city)			ID
During School Hours Y N		School Notified Y N	Parents Notified Y N	By				State Type
Father's Name				Home Phone				MISC #
								Gang Information

JUVENILE ARREST CARD

Williamson County
Travis County

IS THE IDENTITY OF YOUR PRISONER IN QUESTION? Y N

DO YOU HAVE A POSITIVE ID AVAILABLE? Y N

NAME (Last, First, Middle)								TRN
AKA / Maiden Name / Nickname								JID
Sex	Race	Eth	Height	Weight	DOB	Place of Birth	Citz	DPS #
Hair	Eyes	Skin Tone Complexion		Build				FBI #
Address			City	State	Zip	Phone #	SS #	
Mailing Address (if different than St. Add.)				City	State	Zip	DL ID	
School				Grade	Location (city)		State	Type
During School Hours Y N		School Notified Y N	Parents Notified Y N	By				MISC #
Father's Name				Home Phone				Gang Information
Address			City	State	Zip			
Employer				Work Phone				
Mother's Name				Home Phone				Scars/Marks/Tattoos
Address			City	State	Zip			
Employer				Work Phone				
Medical Information								
Drug Use Information (Paint/Speed/Glue/Etc.)								
Date of Arrest			Time	Officer Name			Emp #	Agency
Arrest Location					City	State		
Transporting Officer			Emp #	Releasing Officer		Emp #	Firearm Code	
1	Offense (Charge)		Cause/Warrant #		Offense #	Offense Date	Degree/Level	Referral Date/Time
	2		3		4		5	
Offense (Charge)		Cause/Warrant #		Offense #	Offense Date	Degree/Level	Referral Date/Time	
Offense (Charge)		Cause/Warrant #		Offense #	Offense Date	Degree/Level	Referral Date/Time	
Offense (Charge)		Cause/Warrant #		Offense #	Offense Date	Degree/Level	Referral Date/Time	
Offense (Charge)		Cause/Warrant #		Offense #	Offense Date	Degree/Level	Referral Date/Time	

Facts of Arrest:

JUVENILE CONFIDENTIAL

all body hard copy

Was the victim informed of their rights? Y ___ N ___

<p>ONE OR MORE OF THE FOLLOWING MUST BE CHECKED:</p> <p><input type="checkbox"/> Was treated by EMS and/or Branch prior to booking.</p> <p><input type="checkbox"/> Has medical problems and/or injuries.</p> <p><input type="checkbox"/> Refused all medical treatment prior to booking.</p> <p><input type="checkbox"/> Intermediate level (or higher) weapon(s) were applied.</p> <p><input type="checkbox"/> None of the above</p>	<p>Signature of Parent/Guardian</p> <hr/> <p>Released to:</p>
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Right Index Print

WHITE, YELLOW & HARD COPY - Juvenile Unit - PINK - Court BLUE - Court GOLDENROD - Warrants *not needed*

not needed *Case Process*

JUVENILE ARREST CARD

Williamson County
 Travis County

DO YOU HAVE A POSITIVE ID AVAILABLE? Y N

IS THE IDENTITY OF YOUR PRISONER IN QUESTION? Y N

NAME (Last, First, Middle)										DOB
APR / Maiden Name / Nickname										JOB
Sex	Race	DOB	Height	Weight	SC/B	Place of Birth		City	State	ZIP #
Hair	Eyes	Eye Color Completion	Build		City		State	Zip	Phone #	SS #
Address										DL
Mailing Address (if different than St. Add.)										ID
School										State
State										Type
MISC #										
During School Hours Y N	Spends Nights Y N	Spends Weekends Y N	By		Gang Information					
Father's Name					Home Phone					
Address					City	State	Zip			
Employer					Work Phone					
Mother's Name					Home Phone					
Address					City	State	Zip	Scars/Marks/Tattoos		
Employer					Work Phone					
Medical Information (bring this information to the hospital/clinic)										
Type of Arrest	Time	Officer Name	Emp #		Agency					
Arrest Location										State
Transporting Officer	Emp #	Responsible Officer	Emp #	Firearm Code						
1	Offense (Charge) Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level					
2	Offense (Charge) Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level					
3	Offense (Charge) Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level					
4	Offense (Charge) Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level					
5	Offense (Charge) Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level					

Fields of Arrest

All body Hard Copy

Was the victim informed of their rights? Y N

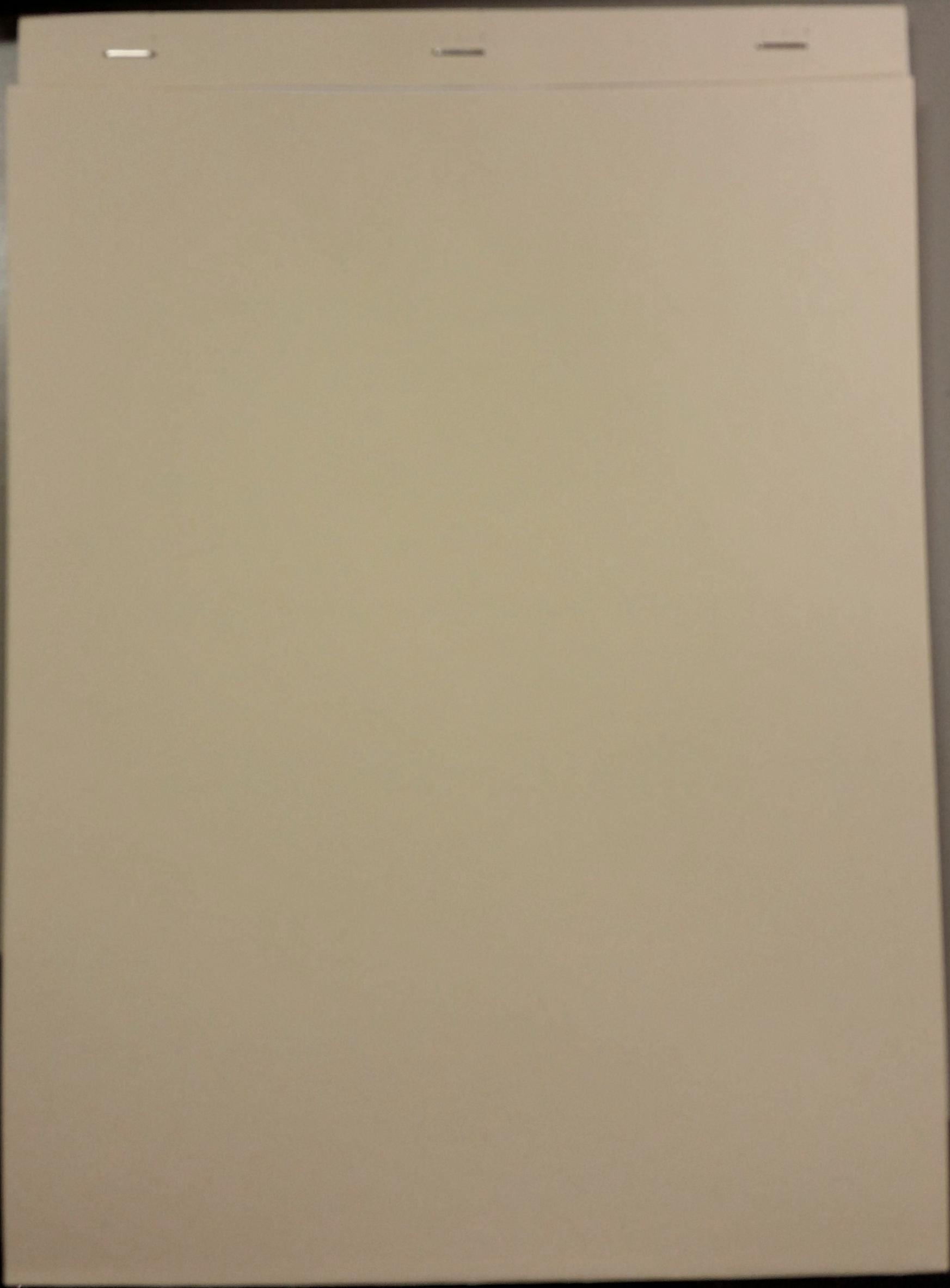
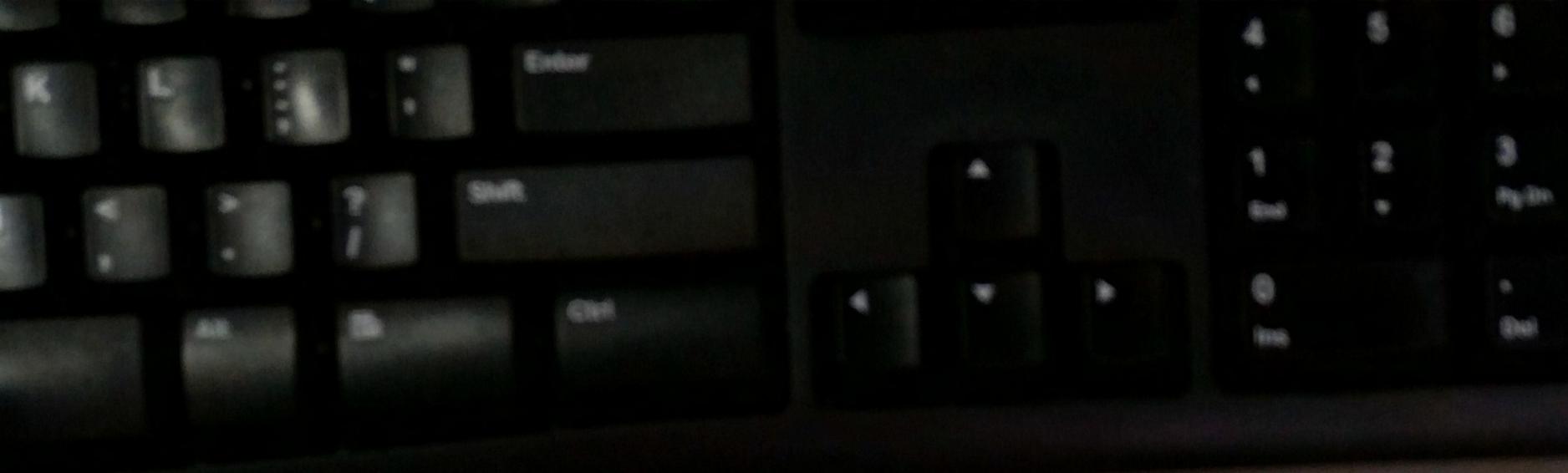
ONE OR MORE OF THE FOLLOWING MUST BE CHECKED:

- Was treated by EMS and/or Nurse prior to booking
- Has medical problems and/or injuries
- Has received all medical treatment prior to booking
- Intermediate level (or higher) response(s) were applied
- None of the above

Signature of Parent/Guardian

Released by

Right Index Print



CRIMINAL TRESPASS: **NOTICE** (ORIGINAL REPORT) **ARREST** (SUPPLEMENT) **REPORT** (SUPPLEMENT with AFFIDAVIT)

GENERAL (2716) **HOTEL (2722)** **TRANSIENT (2721)**

ORIGINAL INCIDENT NUMBER	DATE	TIME	AM	PM	SECTOR
TRESPASS LOCATION			BUSINESS NAME OR PROPERTY OWNER (IF A BUSINESS)		OPEN
					CLOSED

SUBJECT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH				
RACE / SEX	HEIGHT	WEIGHT	HAIR	EYES	IDENTIFICATION NUMBER	STATE	TYPE
HOME ADDRESS			CITY	STATE	ZIP CODE		
EMPLOYER OR WORK ADDRESS		WORK PHONE	CELL PHONE /PAGER	HOME PHONE			

VEHICLE INFORMATION:

YEAR	COLOR	MAKE	MODEL	STYLE	STATE	LICENSE NUMBER OR V.I.N.

THE SECTION BELOW IS COMPLETED FOR [NOTICES] ONLY.

YOU, _____, ARE HEREBY NOTIFIED TO IMMEDIATELY LEAVE THESE PREMISES AND ARE PROHIBITED FROM COMING ON THE PROPERTY OR PREMISES OF: _____ FOR ANY REASON AT ALL. IF YOU ARE FOUND ON THIS PROPERTY, OR REMAIN ON THIS PROPERTY AFTER THIS NOTICE, YOU WILL BE ARRESTED FOR THE OFFENSE OF:

- CRIMINAL TRESPASS -

THE SECTION BELOW IS COMPLETED FOR [NOTICES] ONLY.

I, _____, THE UNDERSIGNED, UNDERSTAND THIS NOTICE IS EFFECTIVE IMMEDIATELY. I FURTHER UNDERSTAND THAT THE ABOVE NOTICE MAY BE RESCINDED ONLY BY WRITTEN NOTIFICATION. I ALSO UNDERSTAND THAT IF I REFUSE TO SIGN THIS NOTICE ** IT IS STILL EFFECTIVE.

X _____

SIGNATURE OF INDIVIDUAL RECEIVING NOTICE	POLICE OFFICER WITNESSING THIS NOTICE	EMPLOYEE #

PROPERTY OWNER () OR OWNER'S CONTROLLING AGENT () LAST NAME FIRST NAME ENTER ISSUING AUTHORITY INFORMATION BELOW: R/S DATE OF BIRTH TYPE/IDENTIFICATION #

--	--	--	--	--

NARRATIVE / CALL INFORMATION

(APD NARRATIVE ON WHITE COPY ONLY):

CRIMINAL TRESPASS: **NOTICE** (ORIGINAL REPORT) **ARREST** (SUPPLEMENT) **REPORT** (SUPPLEMENT with AFFIDAVIT)

GENERAL (2716) **HOTEL (2722)** **TRANSIENT (2721)**

ORIGINAL INCIDENT NUMBER	DATE	TIME	AM	PM	SECTOR
TRESPASS LOCATION					
BUSINESS NAME OR PROPERTY OWNER (IF A BUSINESS)					OPEN CLOSED

SUBJECT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH				
RACE / SEX	HEIGHT	WEIGHT	HAIR	EYES	IDENTIFICATION NUMBER	STATE	TYPE
HOME ADDRESS				CITY	STATE	ZIP CODE	
EMPLOYER OR WORK ADDRESS		WORK PHONE	CELL PHONE /PAGER	HOME PHONE			

VEHICLE INFORMATION:

YEAR	COLOR	MAKE	MODEL	STYLE	STATE	LICENSE NUMBER OR V.I.N.
------	-------	------	-------	-------	-------	--------------------------

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X _____
SIGNATURE OF INDIVIDUAL RECEIVING NOTICE

POLICE OFFICER WITNESSING THIS NOTICE

EMPLOYEE #

PROPERTY OWNER () OR OWNER'S CONTROLLING AGENT () ENTER ISSUING AUTHORITY INFORMATION BELOW:

LAST NAME	FIRST NAME	R / S	DATE OF BIRTH	TYPE/IDENTIFICATION #
-----------	------------	-------	---------------	-----------------------

NARRATIVE / CALL INFORMATION

(APD NARRATIVE ON WHITE COPY ONLY):

Law Enforcement and TxDOT Use ONLY

FATAL CMV SCHOOL BUS RAILROAD MA



Mail to: Texas Department of Transportation

*=These fields are required on all a

20402

AMERICAN DIVERSITY BUSINESS SOLUTIONS (512) 335-8358

*Crash Date (MM/DD/YYYY)		*Crash Time (24HRMM)
*County Name		
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Latitude (decimal degree)

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane
		Speed Limit

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION,

At Int.	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part
Distance from Int. or Ref. Marker			<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP Sta
Veh. Year	6. Veh. Color		Veh. Make	
8 DL/ID Type	DL/ID State	DL/ID Num.		
Address (Street, City, State, ZIP)				

VEHICLE, DRIVER, & PERSONS

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, Enter Driver or Primary Person	

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address			
Proof of Fin. Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Res Name
Fin. Resp. Phone Num.			27 V Dan	
Towed By				

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP Stat
Veh. Year	6. Veh. Color		Veh. Mak	
8 DL/ID Type	DL/ID State	DL/ID Num.		
Address (Street, City, State, ZIP)				

VEHICLE, DRIVER, & PERSONS

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, Enter Driver or Primary Person	

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address			
Proof of Fin. Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Nar
Fin. Resp. Phone Num.			27 Da	
Towed By				

Law Enforcement and TxDOT Use ONLY

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: Total Num. Prsns.: TxDOT Crash ID:



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)
Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ___ of ___

IDENTIFICATION & LOCATION
*Crash Date (MM/DD/YYYY) *Crash Time (24HRMM) Case ID Local Use
*County Name *City Name Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude Longitude

ROAD ON WHICH CRASH OCCURRED
*1 Rdwy. Sys. *Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix * Street Name 4 Street Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit Const. Zone Workers Present Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER
At Int. 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix
Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. RRX Num.

Unit Num. 5 Unit Desc. Parked Vehicle Hit and Run LP State LP Num. VIN
Veh. Year 6 Veh. Color Veh. Make Veh. Model 7 Body Style Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

VEHICLE, DRIVER, & PERSONS
Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category.

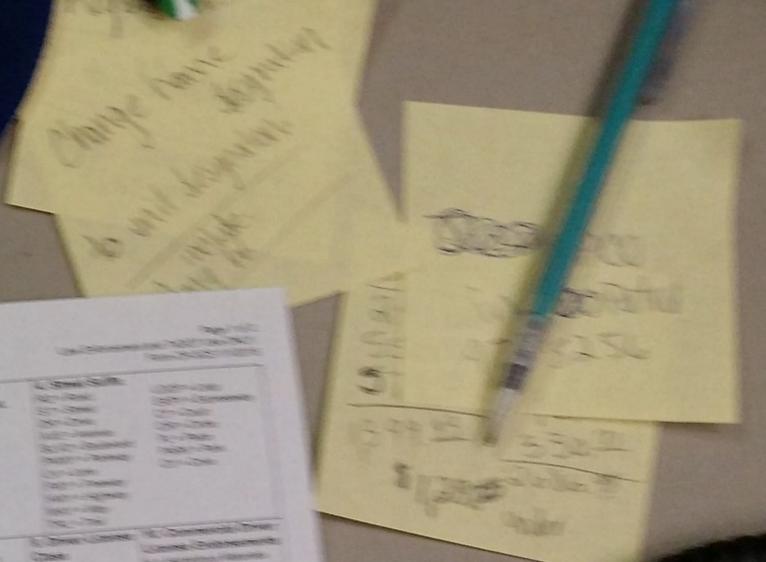
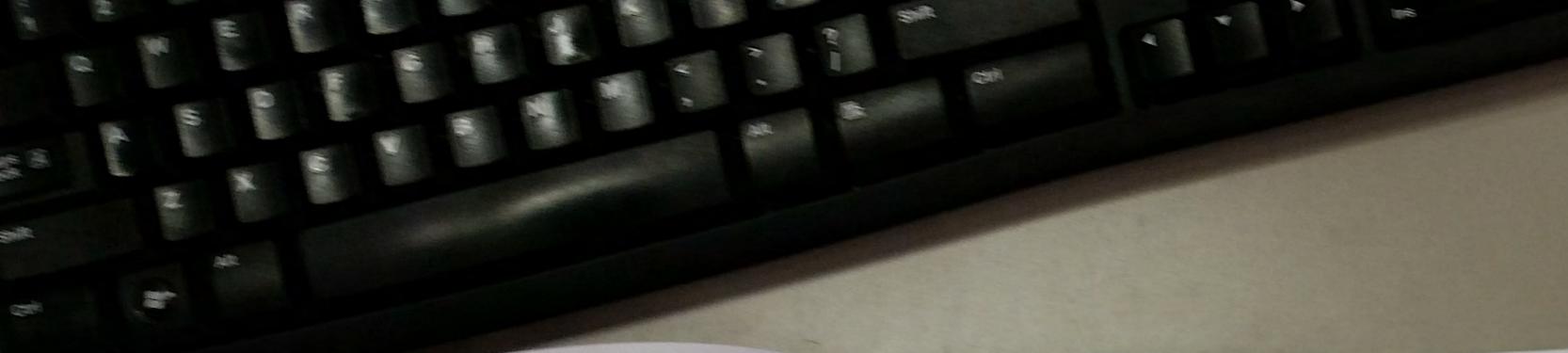
Owner Lessee Owner/Lessee Name & Address
Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.
Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No
Towed By Towed To

Unit Num. 5 Unit Desc. Parked Vehicle Hit and Run LP State LP Num. VIN
Veh. Year 6 Veh. Color Veh. Make Veh. Model 7 Body Style Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

VEHICLE, DRIVER, & PERSONS
Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category.

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Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.
Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No
Towed By Towed To

2010/02 AMERICAN DIVERSITY BUSINESS SOLUTIONS (612) 335-0350



Investigation Report

Case No. _____ Date _____

Officer Name _____

Vehicle Make _____ Model _____ Year _____

License No. _____

Registration No. _____

Insurance No. _____

Investigation Type _____

Location _____

Time _____

Officer(s) _____

Witness(es) _____

Vehicle Condition _____

Damage Description _____

Investigator's Signature _____

Supervisor's Signature _____

Investigation Report

Case No. _____ Date _____

Officer Name _____

Vehicle Make _____ Model _____ Year _____

License No. _____

Registration No. _____

Insurance No. _____

Investigation Type _____

Location _____

Time _____

Officer(s) _____

Witness(es) _____

Vehicle Condition _____

Damage Description _____

Investigator's Signature _____

Supervisor's Signature _____

Investigation Report

Case No. _____ Date _____

Officer Name _____

Vehicle Make _____ Model _____ Year _____

License No. _____

Registration No. _____

Insurance No. _____

Investigation Type _____

Location _____

Time _____

Officer(s) _____

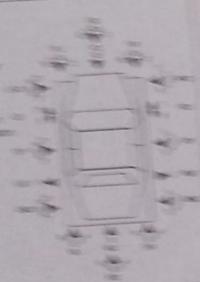
Witness(es) _____

Vehicle Condition _____

Damage Description _____

Investigator's Signature _____

Supervisor's Signature _____



CLASS A / B CITATIONS
Before using this citation,
all of the following conditions must be met:

1. Offense(s) must be of the following type:
 - POM < 2 ounces (Class B) OR
 - POM between 2 and 4 ounces (Class A)
 - Theft of at least \$50 but less than \$500
 - Theft of Service of at least \$20 but less than \$500
 - Graffiti damage of at least \$50 but less than \$500
 - Criminal Mischief of at least \$50 but less than \$500
 - Driving with License Invalid (Class B only)
2. Positive ID on suspect;
3. The violation was committed in:
Travis County by a Travis County resident OR
Hays County by a Hays County resident;
4. The violation was NOT committed in Williamson County;
5. The suspect is not a juvenile.

**If all of these conditions are met
AND no other arrest offense were committed
AND no outstanding warrants exist
AND you choose to make a custody arrest,
a supervisor must approve the arrest.**

NOTE: * There is no longer a Class C - Attempted Theft charge
* There is no longer a Class C - POM charge
(previously written as "Drug Paraphernalia")

Appearance dates are based on the County in which the offense was committed; you must write the specific appearance date on the citation.

Travis County appearance dates

If violation was committed on Mon-Fri, appear 21 days later:
If violation was committed on Sat, appear on Mon 23 days later;
If violation was committed on Sun, appear on Tue 23 days later.

Write JP #5 for the court location

Hays County appearance dates

Cases are heard only the **first Wednesday** of each month. Appearance date should be **at least 21 days after the offense date on the first Wednesday** of the month

Write JP #1 for the court location.

Appearance locations / times are printed on the defendant's copy.

Turn in this citation with a PC affidavit for each charge.
THESE CITATIONS CANNOT BE USED IN WILLIAMSON COUNTY

Street Check (Circle one)		CAD# _____
Airport FO	Airport Warning	Boat FO
GANG INTEL FO	Warning	Boat Warning
POINTED FIREARM AT PERSON		Yes _____ No _____
Date: _____	Time: _____	Name/EMP # _____
Location: _____		
City: _____	State: _____	Zip: _____
Person Information		
Last: _____	First: _____	MI: _____
R/S: _____	DOB: _____	Phone #: _____
Was race or ethnicity known before stop? Yes or No		
Address: _____		
City: _____	State: _____	Zip: _____
DL/ID# _____	St: _____	
Hgt: _____	Wgt: _____	Hair _____ Eyes: _____
AKA: _____		
Vehicle Information		
LP# _____	LP State: _____	Exp Date: _____
Type: Auto Truck MC	Veh Yr: _____	Make: _____
Color: _____		
Violation: _____		
Additional Information: _____		

Circle the ones that applies to each:			
Person Searched: Yes or No		Vehicle Searched: Yes or No	
Search based on: (select up to 3)		Search based on: (select up to 3)	
1 - Frisk for Safety	2 - Consent	3 - Probable Cause	4 - Incidental to arrest
5 - Contraband/evidence in plain view		5 - Contraband/evidence in plain view	6 - Inventory of towed vehicle
Search discovered: (select up to 3)		Search discovered: (select up to 3)	
1 - Weapons	5 - Nothing	1 - Weapons	5 - Nothing
2 - Cash	6 - Drugs	2 - Cash	6 - Drugs
3 - Alcohol		3 - Alcohol	
4 - Other		4 - Other	

Reason for stop: (select up to 3)

- 1 Viol Transportation Vehicle Law
- 2 Viol Of Penal Code
- 3 Consensual Contact
- 4 Suspicious Person / Vehicle
- 5 Call for Service
- 6 Pre-existing Knowledge
- 7 Violation of City Ordinance
- 8 Other
- 9 Water Safety Act
- A Motor Vehicle Driver



ONLY FOR WARNINGS

This notice is given to you in an effort to obtain your full cooperation in preventing collisions. It is the belief of the Austin Police Department that when the public is well informed as to existing traffic regulations, they will comply willingly without penalty.

Will you help reduce collision in Austin?

This violation will not become a part of your permanent driving record.

Driver Signature: _____

Street Check (Circle one)		CAD# _____
Airport FO	Airport Warning	Boat FO
GANG INTEL FO	Warning	Boat Warning
POINTED FIREARM AT PERSON		Yes _____ No _____
Date: _____	Time: _____	Name/EMP # _____
Location: _____		
City: _____	State: _____	Zip: _____
Person Information		
Last: _____	First: _____	MI: _____
R/S: _____	DOB: _____	Phone #: _____
Was race or ethnicity known before stop? Yes or No		
Address: _____		
City: _____	State: _____	Zip: _____
DL/ID# _____	St: _____	
Hgt: _____	Wgt: _____	Hair _____ Eyes: _____
AKA: _____		
Vehicle Information		
LP# _____	LP State: _____	Exp Date: _____
Type: Auto Truck MC	Veh Yr: _____	Make: _____
Color: _____		
Violation: _____		
Additional Information: _____		

Circle the ones that applies to each:			
Person Searched: Yes or No		Vehicle Searched: Yes or No	
Search based on: (select up to 3)		Search based on: (select up to 3)	
1 - Frisk for Safety	2 - Consent	3 - Probable Cause	4 - Incidental to arrest
5 - Contraband/evidence in plain view		5 - Contraband/evidence in plain view	6 - Inventory of towed vehicle
Search discovered: (select up to 3)		Search discovered: (select up to 3)	
1 - Weapons	5 - Nothing	1 - Weapons	5 - Nothing
2 - Cash	6 - Drugs	2 - Cash	6 - Drugs
3 - Alcohol		3 - Alcohol	
4 - Other		4 - Other	

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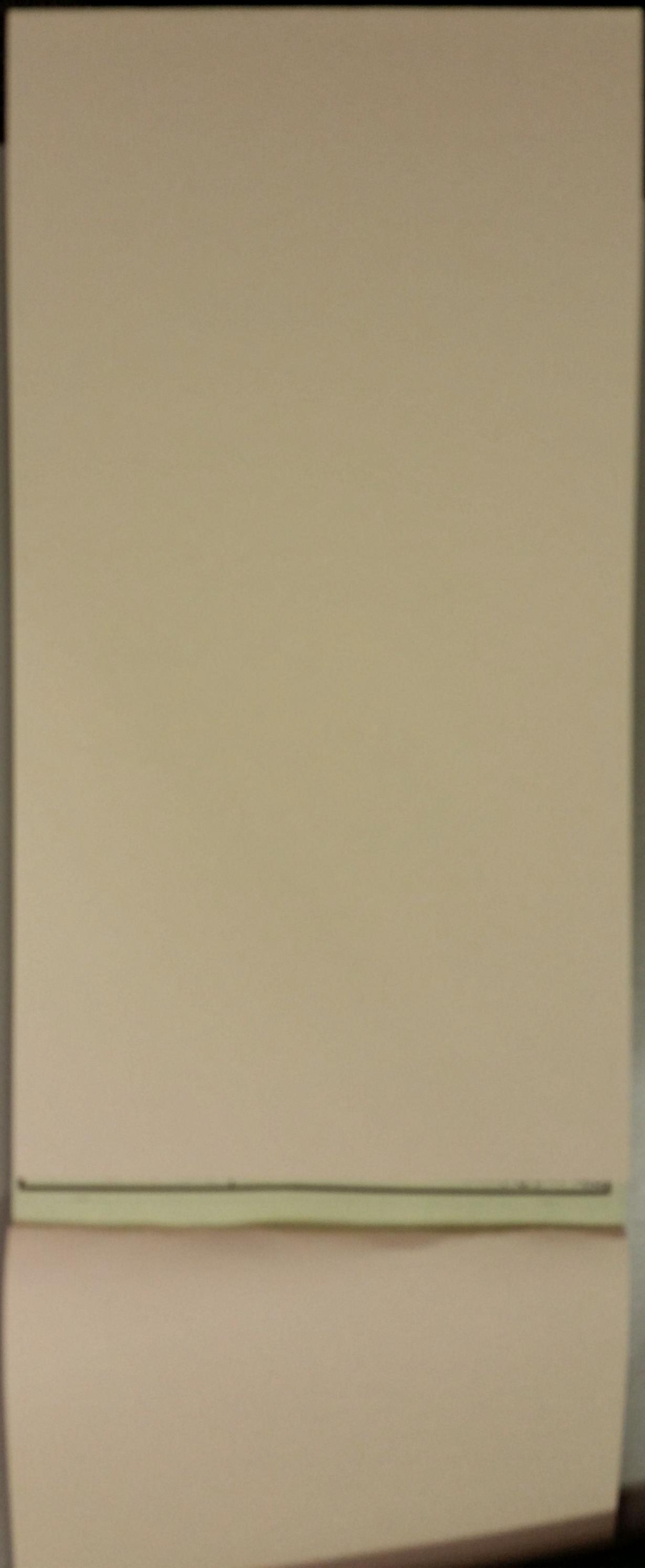
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Will you help reduce collision in Austin?

This violation will not become a part of your permanent driving record.

Driver Signature: _____





♦ **Witness Information (May Use Witness Statement Form)**

1. Name _____ DOB _____ R/S ____ / ____ Home#(____) _____
 Work#(____) _____ Cell#(____) _____ Email Address _____

2. Name _____ DOB _____ R/S ____ / ____ Home#(____) _____
 Work#(____) _____ Cell#(____) _____ Email Address _____

♦ **Children Information (MUST list all children and document in narrative of offense report)**

1. Present? Yes No Witness to assault? Yes No CPS Called? Yes No CPS# _____
 Name of school child is attending _____
 (If more than one child, then you MUST list all other information in your supplement report)

♦ **Military Information**

Victim in Military? Yes No Branch _____ Stationed _____
 Suspect in Military? Yes No Branch _____ Stationed _____
 Victim in Reserves? Yes No Texas National Guard Yes No
 Suspect in Reserves? Yes No Texas National Guard Yes No

♦ **Re-location/Contact Information**

Are you planning to relocate? Yes No Address? _____
 Phone#(____) _____ Cell#(____) _____ Other#(____) _____

LETHALITY ASSESMENT
 TO BE COMPLETED BY A POLICE OFFICER

"Yes" to ANY question 1-5, Activate or notify Victim Services

- 1. Has s/he ever threatened you with a weapon? Yes No NA
- 2. Has s/he used a weapon against you? Yes No NA
- 3. Has s/he ever threatened to kill you? Yes No NA
- 4. Has s/he ever threatened to kill your children? Yes No NA
- 5. Do you think s/he might try to kill you? Yes No NA

"Yes" to at least 4 questions 6-18, Activate or notify Victim Services

- 6. Does s/he have a gun? Yes No NA
- 7. Does s/he have easy access to a gun? Yes No NA
- 8. Has s/he ever tried to strangle you? Yes No NA
- 9. Is s/he violently or constantly jealous of you? Yes No NA
- 10. Does s/he control most of your daily activities? Yes No NA
- 11. Has s/he ever forced you to have sex when you did not wish to do so? Yes No NA
- 12. Have you ever left her/him or separated after living together? Yes No NA
- 13. Is s/he unemployed? Yes No NA
- 14. Has s/he ever tried to kill herself/himself? Yes No NA
- 15. Do you have a child that does not belong to the Suspect? Yes No NA
- 16. Does s/he follow you? Yes No NA
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- 18. Does s/he leave threatening messages? Yes No NA
- Describe the threat(s) and/or message(s) left _____

An Officer may request Victim Services (by phone or on-scene) as a result of Victim's response to the question below or whenever an officer feels it would be beneficial.

- 19. Is there anything else that worries you about your safety? Yes No NA
 If yes, explain _____

- ♦ Victim Services responded due to High lethality determined by questions above Officer concerns for victim
- ♦ Victim Services did not respond due to Officer's decision Victim's request Victim Services' current call load
- ♦ Victim provided with Domestic Violence Information Pamphlet Yes No Case Number Yes No

TO COMPLETE AVS, GO TO PAGE 4.

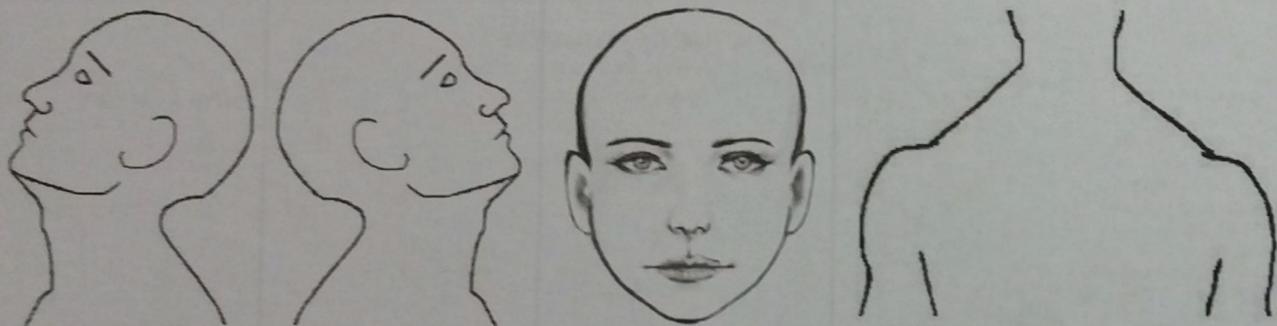
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MOUTH	UNDER CHIN	CHEST	SHOULDERS
<input type="checkbox"/> bruise(s) <input type="checkbox"/> swollen tongue <input type="checkbox"/> swollen lip(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> fingernail impression(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> other _____

NECK	HEAD
<input type="checkbox"/> redness <input type="checkbox"/> tenderness/pain <input type="checkbox"/> finger mark(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> fingernail impression(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> ligature mark(s) <input type="checkbox"/> petechiae <input type="checkbox"/> swelling <input type="checkbox"/> other _____	<input type="checkbox"/> petechiae on scalp or head <input type="checkbox"/> laceration(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> hair pulled <input type="checkbox"/> bump(s) <input type="checkbox"/> other _____

*****PLEASE TAKE PHOTOGRAPHS*****

Diagram all injuries on the Victim



Describe any other injuries or symptoms _____

OFFICER CHECKLIST

- If strangled/suffocated with object(s), photograph object(s) and collect for evidence.
- Document where the object(s) was/were found in the Offense Report.
- Determine if jewelry was worn by either party (ring(s), necklace(s), watch(es), etc.). Photograph / look for patterns and photograph.
- If defecation or urination in clothes, collect clothes as evidence.
- If Victim vomited, take a photo of vomit.
- Call On-Call Family Violence Detective if you need assistance.
- Call On-Call Family Violence Detective if Victim is transported to the hospital from injuries due to strangulation/suffocation.
- If Victim is transported to the hospital from injuries due to strangulation/suffocation then an officer **NEEDS** to standby at the hospital until the On-Call Family Violence Detective is notified.

STH/APD2013

VICTIM STATEMENT / DECLARACION DE LA VICTIMA

TO BE FILLED OUT BY VICTIM

I can read, write and understand the English Language. This statement is true and correct to the best of my knowledge. I make this statement freely and voluntarily. Should I provide false information on this form, I understand that I could be prosecuted for the crime of "False Report to a Police Officer" under section 37.08 of the Texas Penal Code. Signature _____ Date _____

Puedo leer, escribir y entender el idioma español. Esta declaración es verdadera y correcta en cuanto a lo que yo sepa. Hago esta declaración libre y voluntariamente. Si he dado información falsa en este formulario, entiendo que puedo ser enjuiciado/a por el crimen de "Declaración Falsa dada a un oficial de "Policia" bajo la sección 37.08 del Código Penal del Estado de Texas.

Firma _____ Fecha _____

♦ Where are you right now? _____ Where did assault occur? _____
 ¿Dónde se encuentra usted en este momento? _____ ¿Dónde ocurrió el asalto? _____

♦ Who assaulted you? (name/relationship) _____
 ¿Quién aslto? (nombre/parentesco) _____

♦ What led up to the assault? _____
 ¿Qué ocurrió antes del asalto para que el as alto ocurriera? _____

♦ How did Suspect assault you? (ex. hit w/ fist to head) _____
 ¿Cómo le asaltó el/la sospechoso/a a usted (por ejemplo, le pegó con el puño en la cabeza) _____

♦ What injuries do you have as a result of the assault? _____
 ¿Qué lesiones tiene como resultado del asalto? _____

♦ How did you get each injury? _____
 ¿Cómo obtuvo cada herida? _____

♦ Did you feel physical pain either at the time of the assault or after? _____
 ¿Sintió usted dolor durante el asalto o después? _____

♦ Was there damage to property (walls, phones, furniture, etc.)? _____
 ¿Hubo daños a la propiedad (en las paredes, teléfonos, muebles, o en otros lugares)? _____

♦ Other Information _____
 Otra información _____

Print Name - Nombre impreso _____

Signature _____ Date _____ Time ____ : ____ am/pm
 Su firma _____ Fecha _____ Hora ____ : ____ am/pm

Officer Signature _____ # _____ Date _____ Time ____ : ____ am/pm
 Firma del oficial _____ # _____ Fecha _____ Hora ____ : ____ am/pm

STH/APD2013



♦ **Witness Information (May Use Witness Statement Form)**

1. Name _____ DOB _____ R/S ____ / ____ Home#(____) _____
 Work#(____) _____ Cell#(____) _____ Email Address _____

2. Name _____ DOB _____ R/S ____ / ____ Home#(____) _____
 Work#(____) _____ Cell#(____) _____ Email Address _____

♦ **Children Information (MUST list all children and document in narrative of offense report)**

1. Present? Yes No Witness to assault? Yes No CPS Called? Yes No CPS# _____
 Name of school child is attending _____
 (If more than one child, then you MUST list all other information in your supplement report)

♦ **Military Information**

Victim in Military? Yes No Branch _____ Stationed _____
 Suspect in Military? Yes No Branch _____ Stationed _____
 Victim in Reserves? Yes No Texas National Guard Yes No
 Suspect in Reserves? Yes No Texas National Guard Yes No

♦ **Re-location/Contact Information**

Are you planning to relocate? Yes No Address? _____
 Phone#(____) _____ Cell#(____) _____ Other#(____) _____

LETHALITY ASSESMENT
 TO BE COMPLETED BY A POLICE OFFICER

"Yes" to ANY question 1-5, Activate or notify Victim Services

- 1. Has s/he ever threatened you with a weapon? Yes No NA
- 2. Has s/he used a weapon against you? Yes No NA
- 3. Has s/he ever threatened to kill you? Yes No NA
- 4. Has s/he ever threatened to kill your children? Yes No NA
- 5. Do you think s/he might try to kill you? Yes No NA

"Yes" to at least 4 questions 6-18, Activate or notify Victim Services

- 6. Does s/he have a gun? Yes No NA
- 7. Does s/he have easy access to a gun? Yes No NA
- 8. Has s/he ever tried to strangle you? Yes No NA
- 9. Is s/he violently or constantly jealous of you? Yes No NA
- 10. Does s/he control most of your daily activities? Yes No NA
- 11. Has s/he ever forced you to have sex when you did not wish to do so? Yes No NA
- 12. Have you ever left her/him or separated after living together? Yes No NA
- 13. Is s/he unemployed? Yes No NA
- 14. Has s/he ever tried to kill herself/himself? Yes No NA
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